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# Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	12042	
Facility Name:	Pacifica Hospital of the Valley	
Address:	9449 San Fernando Rd.	
City:	Sun Valley	
Hospital Owner/Lic	censee: Paul Tuft/Invision Corp	
Year of Rep	porting: 2010	
Contact 1 e-mail Ac	ddress:	
Contact 2 e-mail Ac	ddress:	
Contact 3 e-mail Ad	ldress::	
Name of Sub	omitter: Pacifica Hospital	
Submission	n Date: 2/10/2011 4:00:15 PM	

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	Building 1	9449 San Fernando Rd.	Retrofit	SPC2	01/01/2013	12/31/2012
02	Building 2	9449 San Fernando Rd.	Retrofit	SPC2	01/01/2013	12/31/2012
03	Building 3	9449 San Fernando Rd.	Retrofit	SPC2	01/01/2013	12/31/2012

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## Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 01	Buildi	ng Name: Building 1		
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	X Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	X Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	24 Inpatient Days 280	Clinical Lab	X Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	X Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical X Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration X Support	Renal Dialysis
X Skilled Nursing	Inpatient Beds	34 Inpatient Days 8030	Services	Surgery
		Total Beds this Building 58	Cesarean/Deliv	X Central Plant

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### Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 02	Buildi	ng Name: Building 2		
Type of Service Prov	<u>rided</u>			
X Nursing	Inpatient Beds	48 Inpatient 9360 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	X Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
X Psychiatric Nursing	Inpatient Beds	38 Inpatient Days 12600	Radiological/ Imaging	Nuclear Medicine
X Obstetrical Ante/Postprtum	Inpatient Beds	16 Inpatient Days 3700	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services  X Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	X Central Plant

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### Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 03	Buildi	ng Name: Building 3		
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
X IntensiveCare	Inpatient Beds	7 Inpatient Days 1440	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	X Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
X Skilled Nursing	Inpatient Beds	64 Inpatient Days 19080	X Support Services  Obstetrical	Outpatient Surgery
		Total Beds this Building 71	Cesarean/Deliv	Central Plant

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### Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	01 B	uilding Name: Build	ding 1		
Medical / Surgical (I	nclude GYN)	Acute Respiratory	/ Care	Acute Psychiatric	
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	lewborn / GYN)	Burn		Skilled Nursing	
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 34 Bed	Inpatient 8030 Days
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card	
•	Inpatient 280 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	58	58

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#### Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	02	Building Name: Buil	ding 2		
Medical / Surgical (	Include GYN)	Acute Respiratory	/ Care	Acute Psychiatric	
Inpatient 48 Bed	Inpatient 9360 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 38 Bed	Inpatient 1260 Days 0
Perinatal (excluse I	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 16 Bed	Inpatient 3700 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	102	102

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### Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	03	Building Name: Build	ding 3		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 64 Bed	Inpatient Days 1908
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent
Inpatient 7 Bed	Inpatient 1440 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	71	71

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Building 1	
02	Building 2	
03	Building 3	

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	01 Buildin	g Name: B	uilding 1					
Type of Service Provided								
		X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing	X	Anesthesia					
	IntensiveCare				Obstetrical Recovery		Renal Dialysis	
X	Pediatric/Adol escent		Clinical Lab			X	Outpatient	
_		X	Radiological/ Imaging		Newborn/ WellBaby		Surgery	
	Psychiatric Nursing	X	Pharmaceutical	X	Emergency	X	Central Plant	
	Obstetrical Ante/Postprtum			Х	Nuclear	X	Support	
	Ame/r ostphum	X	Dietetic	Ш	Medicine		Services	
	Intermediate Care							
		X	Administration					
X	Skilled Nursing							

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	02	Building Name:	Building 2						
Type of Service Provided									
			Surgical	X Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
X	Nursing		Anesthesia						
	IntensiveCare	ı		Obstetrical Recovery		Renal Dialysis			
	Pediatric/Adol		Clinical Lab			Outpatient			
	escent		Radiological/	X Newborn/ WellBaby	Ш	Surgery			
X	Psychiatric Nursing		Imaging	Emergency	[V]	Control Plant			
□	Obstatrical		Pharmaceutical	Lineigency	X	Central Plant			
X	Obstetrical Ante/Postprtu	m _	Dietetic	Nuclear Medicine		Support Services			
	Intermediate								
	Care		Administration						
	Skilled Nursin	g							

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	03 Bui	Iding Name: Building 3							
Type of Service Provided									
		Surgical	Obstetrical Cesarean/Deliv	Х	Rehabilitation Therapy				
	Nursing	Anesthesia							
X	IntensiveCare	7410041004	Obstetrical Recovery		Renal Dialysis				
	Pediatric/Adol	X Clinical Lab	,,		Outpatient				
	escent	Radiological	Newborn/ WellBaby		Surgery				
	Psychiatric	Imaging	,						
	Nursing	Pharmaceut	ical Emergency		Central Plant				
	Obstetrical Ante/Postprtum		Nuclear	X	Support				
	·	Dietetic	Medicine		Services				
	Intermediate Care								
	<b>53</b> 5	Administration	on						
X	Skilled Nursing								

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number	r: 01	01 Building Name: Building 1							
Configuration Retrofit Non-Confo		rming building to SPC 5 and NPC 4 or NPC 5							
Type of Service Provided									
	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis		
	Pediatric/Adol escent		Clinical Lab		Recovery				
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery		
1 1	Obstetrical Ante/Postprtum	X	Pharmaceutical						
	Ante/Postphani		Di visi	X	Emergency	X	Central Plant		
	Intermediate Care	X	Dietetic	X	Nuclear Medicine	X	Support		
X	Skilled Nursing	X	Administration				Services		

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	: 02 Building Name: Building 2							
Configuration Retrofit Non-Confo		rming building to SPC 5 and NPC 4 or NPC 5						
Type of Service	ce Provided							
X N	Nursing		Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Recovery			
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum		Pharmaceutical		Con overage as		Central Plant	
	ntermediate		Dietetic		Emergency	X	Central Plant	
	Care				Nuclear Medicine		Support Services	
	Skilled Nursing		Administration					

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number	r: 03	Building Nar	ne: Building 3					
Configuration :	Retrofit Non-Confo	rofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5						
Type of Serv	ice Provided							
	Nursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy	
X	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol escent	X	Clinical Lab		Recovery			
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant	
	Intermediate		Dietetic					
	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services	

Report Status: Data Last Update: 02/10/2011 Submission Date: 02/10/2011 Print Date: 2/11/2011 8:38 AM

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